

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90074 027 \*\*\*\*55.00

**DOCUMENT # L04000084833**

1. Entity Name  
**EBY FRAMING LLC**



Principal Place of Business  
**1329 ROOSEVELT DRIVE  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**1329 ROOSEVELT DRIVE  
ST. AUGUSTINE, FL 32084**

00000010



**DO NOT WRITE IN THIS SPACE**

03082008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1969170**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PULLIN, DIANE C  
9085 BARRISTER COURT  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Peter J Eby*

(NOTE: Registered Agent signature required when reinstating)

**4-14-06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
EBY, PETER J  
1329 ROOSEVELT DRIVE  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
EBY, KIMBERLY D  
1329 ROOSEVELT DRIVE  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Peter J Eby*

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-14-06**

Date

**904(824-8234)**

Daytime Phone #